

Guidelines for Patient Placement of Methamphetamine Users in the South Dakota Substance Abuse System

Developed for the

South Dakota Division of Alcohol and Drug Abuse

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Prepared under the

**Center for Substance Abuse Treatment
State Systems Technical Assistance Project**
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I. Overview

The following are guidelines that clinicians in the South Dakota substance abuse treatment system can use to determine the most appropriate treatment settings for clients who are dependent upon or abuse methamphetamine. The guidelines are based on methamphetamine treatment outcomes data that the National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration (SAMHSA) have collected. Where empirical data are not available, the guidelines incorporate the knowledge of clinicians who have decades of experience treating more than 10,000 methamphetamine users.

SAMHSA's Center for Substance Abuse Treatment (CSAT) supported guideline development under its State Systems Technical Assistance Project (SSTAP). Johnson, Bassin & Shaw, Inc., (JBS) is the SSTAP contractor. JBS contracted the services of Richard Rawson, Ph.D., to prepare the guidelines for the following groups of methamphetamine users:

- Those who meet the criteria for “methamphetamine dependence” according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)
- Those who meet the criteria for “methamphetamine abuse” according to DSM-IV-TR

Diagnostic criteria for methamphetamine dependence can be found under DSM-IV-TR classification code 304.4, and the diagnostic criteria for methamphetamine abuse can be found under DSM-IV-TR classification code 305.7.

II. Guidelines for Individuals who meet DSM-IV-TR Criteria for Methamphetamine Dependence

A. Assumptions

1. Any individual who meets DSM-IV-TR criteria for methamphetamine dependence requires some form of intensive treatment. All outpatient services employed for this set of methamphetamine-dependent individuals should consist of at least 6 hours of treatment per week.
2. All service delivery units (outpatient sites, residential sites, sober living sites, detoxification sites, etc.) should employ an array of treatment strategies that will maximize the use of empirically supported techniques, including but not limited to the following:
 - Cognitive behavioral therapy

- Contingency management
 - 12-step support group participation
 - Matrix model treatment
 - Motivational interviewing/enhancement therapy
 - Family involvement
 - Infectious disease (Hepatitis B and C, HIV, etc.) education
 - Case management services
 - Psycho education with current and accurate information about methamphetamine
3. The service delivery system should interconnect in a manner that facilitates client transfer from one level of care to another. Clients should be “stepped up” or “stepped down” to higher or lower levels of care as the clients’ require more or less intense care.
 4. The goal for all programs is to enroll clients into treatment with a waiting period that is brief as possible. Whenever possible, individuals seeking treatment should be admitted into treatment within 24 hours of making initial contact with the treatment system.
 5. Any individual who meets DSM-IV-TR criteria for methamphetamine dependence requires an intensive treatment phase of at least 4 months followed by a minimum of 12 months of professionally administered continuing care services.

B. Service Settings/Levels of Care

The following service settings/levels of care should be included in comprehensive treatment of methamphetamine dependence:

- ***Outpatient treatment settings***, include a variety of service configurations, such as intensive outpatient treatment programs (as defined under Section 46:05:16 of South Dakota’s Alcohol and Drug Abuse Administrative Rules) and day treatment programs (Section 46:05:17). All outpatient programs include a minimum of 6

hours of professional services per week plus involvement in self-help programs.

- ***Residential treatment settings***, include medically monitored, intensive inpatient programs (46:05:19), such as the following:
 - Psychiatrically staffed programs of varying durations that include involuntary commitment to the Human Services Center
 - Medically supervised detoxification programs of 2 to 7 days
 - Short-term residential programs of 7 to 28 days that *do not* include involuntary commitment to the Human Services Center
 - Long-term therapeutic community programs that are more than 28 days.

The table on the following pages provides an at-a-glance overview of the criteria for placing methamphetamine-dependent clients in various outpatient and residential settings.

GUIDELINES FOR CLIENTS WHO MEET DSM-IV-TR CRITERIA FOR METHAMPHETAMINE DEPENDENCE

Outpatient Settings/Levels of Care		Residential Settings/Levels of Care				
Intensive Outpatient Treatment (46:05:16)	Day Treatment (46:05:20)	Psychiatrically Staffed (46:05:19)	Medically Supervised Detoxification (46:05:19)	Short-term Residential Treatment (46:05:19)	Long-term Therapeutic Communities (46:05:19)	Sober Living (46:05:20)
<p>Indicated for clients who:</p> <ul style="list-style-type: none"> - Have drug-free housing and family support - Used less than 10 times in the past 30 days - Use intranasally - Are employed, homemakers, or in school - Have transportation - Live within a 30-minute drive of treatment site - Do not have extensive criminal justice histories (outside of any current drug-court involvement) - Do not currently live with other methamphetamine users 	<p>Indicated for clients who:</p> <ul style="list-style-type: none"> - Smoke methamphetamine as the primary route of administration - Used methamphetamine up to 25 times in the past 30 days - Live within a 60-minute drive of treatment and have access to transportation - Live alone - Have no history of violence - Have no history of methamphetamine production and have a criminal justice history of less than 5 years 	<p>Indicated for clients who:</p> <ul style="list-style-type: none"> - Are psychotic - Are suicidal or a danger to themselves or others - Have clear evidence of significant co-occurring psychiatric conditions (e.g., history of bipolar illness, schizophrenia or severe depression) 	<p>Indicated for clients who:</p> <ul style="list-style-type: none"> - Have significant medical or psychiatric symptoms or conditions that can be treated without psychiatric expertise - Have used daily during the past 30 days - Inject methamphetamine - Have severe, but not psychotic, paranoia - Have severe withdrawal and/or severe craving - Are HIV-positive 	<p>Indicated for clients who:</p> <ul style="list-style-type: none"> - Are pregnant - Are under the age of 25 with unstable living, employment, and/or educational circumstances - Have recent involvement in cooking methamphetamine but are not career methamphetamine cooks - Cannot remain abstinent in outpatient settings - Had been abstinent from methamphetamine but have relapsed and are unable to regain abstinence 	<p>Indicated for clients who:</p> <ul style="list-style-type: none"> - Have long term involvement in the criminal justice system - Are career methamphetamine cooks - Are unable to remain abstinent in less intensive levels of care 	<p>Indicated for clients who:</p> <ul style="list-style-type: none"> - Do not have drug-free living situations - Live alone and are unable to achieve/maintain abstinence with outpatient treatment alone - Are currently participating in outpatient programs - Might have also completed other residential treatment programs

Outpatient Settings/Levels of Care		Residential Settings/Levels of Care				
Intensive Outpatient Treatment (46:05:16)	Day Treatment (46:05:20)	Psychiatrically Staffed (46:05:19)	Medically Supervised Detoxification (46:05:19)	Short-term Residential Treatment (46:05:19)	Long-term Therapeutic Communities (46:05:19)	Sober Living (46:05:20)
<ul style="list-style-type: none"> - Are not psychotic and, at admission, have minimal symptoms of anxiety, paranoia, or depression - Are not experiencing or likely to experience significant methamphetamine withdrawal - Are not currently dependent on alcohol or benzodiazepines - Are not currently in violent environments, and do not have extensive histories of violence - Have not been methamphetamine "cookers" - Have successfully completed residential treatment, need continuing professional treatment, and can be "stepped down" to an outpatient setting 	<ul style="list-style-type: none"> - Have or can arrange reliable, drug-free child care if the program cannot provide onsite child care/supervision 			<ul style="list-style-type: none"> - Live in violent environments and/or have significant histories as victims of violence (especially women) - Live long distances from any outpatient programs and/or do not have accessible, sober living settings 		

In addition, clients who have successfully completed residential treatment or who are residents of sober living settings may also be admitted into an aftercare program in an outpatient setting (46:05:15).

III. Guidelines for Individuals who meet DSM-IV-TR Criteria for Methamphetamine Abuse

The following are appropriate service options for clients who meet the DSM-IV-TR criteria for methamphetamine abuse:

- Once-a-week education groups
- Individual counseling or therapy with substance abuse-informed therapists
- Motivational interviewing therapy
- Diversion programs
- Brief intervention with primary care physicians
- College campus education/awareness programs

One exception is that pregnant clients who meet the criteria for methamphetamine abuse should receive services that correspond to the methamphetamine dependence criteria.